

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft 190th & Normandie Torrance, CA 90502			A.State Manifest Document Number 84827625			
4. Generator's Phone (213 538-6677)			B.State Generator's ID			
5. Transporter 1 Company Name J. C. Liquid Waste Disposal		6. US EPA ID Number C A D 0 5 8 0 1 8 6 7	C.State Transporter's ID 63242			
7. Transporter 2 Company Name		8. US EPA ID Number	D.Transporter's Phone 213 268-3137			
9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA		10. US EPA ID Number C A D 0 8 0 0 4 3 6 8	E.State Transporter's ID			
			F.Transporter's Phone			
			G.State Facility's ID			
			H.Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12.Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid NOS ORM-E NA9189		001	TT	4500	G	221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Alkaline Soap 5% Grease 2% Oil 3% Water 90%			K.Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Donald C. Gebber sb			Signature <i>Donald C. Gebber</i>		Date Month Day Year 10-5-10-9-186	
17. Transporter 1 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name SAM T. ROMERO 57667			Signature <i>Sam T. Romero</i>		Month Day Year 10-5-10-9-186	
18. Transporter 2 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name ANNELINE OSTERBERG FOR TRIPLE J			Signature <i>Annelise Osterberg</i>		Date Month Day Year 10-5-10-9-186	

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4. Generator's Phone 213 533-6677		6. US EPA ID Number C A D 0 5 8 0 1 8 6 7		C.State Transporter's ID 63242		
5. Transporter 1 Company Name J. C. Liquid Waste Disposal		8. US EPA ID Number		D.Transporter's Phone 213 268-3137		
7. Transporter 2 Company Name		10. US EPA ID Number		E.State Transporter's ID		
9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA		12. Containers No. Type		F.Transporter's Phone		
		13. Total Quantity		G.State Facility's ID		
		14. Unit Wt/Vol		H.Facility's Phone		
		I. Waste No.				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		
a. Hazardous Waste Liquid NOS ORM-E NA9189		001 TT		4500		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K.Handling Codes for Wastes Listed Above				
Alkaline Soap 5%						
Grease 2%						
Oil 3%						
Water 90%						
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC						
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Printed/Typed Name Donald C. Gebber		Signature Donald C. Gebber		Date 05/09/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Sam T. Romero		Date 05/09/86		
Printed/Typed Name Sam T. Romero		Signature Sam T. Romero		Date 05/09/86		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date		
				Month Day Year		

YELLOW: GENERATOR RETAINS